PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

10-767-255

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	
T-/	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Column 1) ((Colu	olumn 2)		TYPE		OR	SMALL	
TOTAL CLAIMS			17					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 minus 20= *			0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = *			D		X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	ESENT				+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2) (Column 3				SMALL I	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus	***		=	lΓ	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
TOTAL										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											AUDII. FEE	
_		CLAIMS		HIGHES	T		1 _		ADDI-	1 1	. 1	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU: PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43= .	·	OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT C	LAIM		-					
								+145=		OR	+290=	
		· AD	TOTAL DIT. FEE.		OR ,	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= ' '		X43=		OR	X86=	
	FIRȘT PRESEI	NTATION OF MU		 -	-+		ر ا					
• 14	the starte action	Ľ	145=		OR	+290=	·					
** [* If the ntry in column 1 is less than the ntry in column 2, writ "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL DDIT. FEE	
 1	r the "Highest Nur The "Highest Numi	nber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	SPACE is le Independent)	ss than is the I	3, enter "3." . highest number		DIT. FEE L in the appr	opriat box		•	